


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90045 032 ***150.00

DOCUMENT # P97000062760
 1. Entity Name
LAM INVESTMENTS & CONSULTING SERVICES, INC.



Principal Place of Business %LAWRENCE A. MOENS 245 SUNRISE AVE. PALM BEACH, FL 33480	Mailing Address %LAWRENCE A. MOENS 245 SUNRISE AVE. PALM BEACH, FL 33480
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40072343



DO NOT WRITE IN THIS SPACE

04042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0775035	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**RONALD S. KOCHMAN, KOCHMAN & BRAUN PLC
 222 LAKEVIEW AVENUE STE 950
 ESERANTE
 WEST PALM BEACH, FL 33401**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOENS, LAWRENCE 245 SUNRISE AVE. PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/08
Date Daytime Phone #